K073330

JUN 20 2008

510(k) SUMMARY

Freedom Sciences LLC
Motion Control Module

Submitter's Name, Address, Telephone Number, Contact Person and Date Prepared.

Freedom Sciences, LLC
The Navy Yard - Quarters M2
4601 South Broad Street
Philadelphia, PA 19112

Contact Person: Edward A. Kroll
Representative Consultant for
Freedom Sciences, LLC

Date Prepared: November 15, 2007

Name of Device and Name/Address of Sponsor

Freedom Sciences Motion Control Module (MCM)

Freedom Sciences, LLC
The Navy Yard - Quarters M2
4601 South Broad Street
Philadelphia, PA 19112

Common or Usual Name

Power Wheelchair

Classification Name

Wheelchair, Powered

Predicate Devices

Dynamic Systems, Inc. PHC-2 Peachtree Proportional Head Control Unit (K972147) and the Sunrise Medical Breath Control (K983520).

Intended Use

The intended use of the Freedom Sciences MCM is to enable the remote motion control of a powered wheelchair only while the wheelchair is unoccupied. It is not intended for use while the person is seated in the wheelchair.

Technological Characteristics and Substantial Equivalence

A. Device Description

The Freedom Sciences Motion Control Module for powered wheelchairs is a wireless, remote control product designed for use with powered wheelchairs. Its intended function and use is to allow for remote motion control of a powered wheelchair only while the wheelchair is unoccupied. It is not intended for use when a person is seated in the wheelchair.

The MCM allows for remote motion control of a differential drive power wheelchair using high level motion control commands. It interfaces to the power wheelchair using the host wheelchair attendant control interface on the motor controller. This method of interfacing with the powered wheelchair retains all configured safety interlocks inherent to the host motor controller itself and is the standard means for integrating auxiliary input devices.

B. Substantial Equivalence

Products which are substantially equivalent to the MCM are the Dynamic Systems, Inc. PHC-2, Peachtree Proportional Head Control Unit (K972147) and the Sunrise Medical Breath Control (K983520).

Performance Data

The MCM was tested as required by FDA's July 26, 1995, draft publication entitled "Guidance Document for the Preparation of Premarket Notification [510(k)] Applications for Mechanical and Powered Wheelchairs, and

Motorized Three- Wheeled Vehicles". The Freedom Sciences MCM met the applicable required performance criteria and functioned as intended.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Freedom Sciences, LLC
% Spectre Solutions, Inc.
Mr. Edward A. Kroll
Representative Consultant
5905 Fawn Lane
Cleveland, Ohio 44141

JUN 20 2008

Re: K073330
Trade/Device Name: Freedom Sciences, LLC Motion Control Module (MCM)
Regulation Number: 21 CFR 890.3860
Regulation Name: Powered wheelchair
Regulatory Class: Class II
Product Code: ITI
Dated: June 2, 2008
Received: June 4, 2008

Dear Mr. Kroll:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at (240) 276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at (240) 276-3464. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at toll-free number (800) 638-2041 or (240) 276-3150 or the Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Mark N. Melkerson
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): ~~TBD~~ K073330

Device Name: Freedom Sciences, LLC Motion Control Module (MCM)

Indications for Use:

The intended use of the Freedom Sciences Motion Control Module is to allow for remote motion control of a powered wheelchair while the wheelchair is unoccupied. It is not intended for use when a person is seated in the wheelchair.

Prescription Use _____ (Part 21 CFR 801 Subpart D)	AND/OR	Over-The-Counter Use X (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Neil R Ogden for mxa

(Division Sign-Off)
Division of General, Restorative, and Neurological Devices

510(k) Number K073330